

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 420)**

SERIAL NO
10713203
APPLICANT

FILED DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1		1		61						
2		1					62						
3		1					63						
4		3					64						
5		1					65						
6	1		1		1		66						
7		1					67						
8		2					68						
9		1					69						
10		1					70						
11					1		71						
12							72						
13							73						
14							74						
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30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41							TOTAL						
42							TOTAL						
43							TOTAL						
44							TOTAL						
45							TOTAL						
46							TOTAL						
47							TOTAL						
48							TOTAL						
49							TOTAL						
50							TOTAL						
TOTAL	2		2		3		TOTAL						
TOTAL	11		8		11		TOTAL						
TOTAL	13		10		14		TOTAL						